

biomarkers for primary and secondary OA, respectively, when compared with healthy individuals. TNF- α is a suitable biomarker for the diagnosis of both primary and secondary OA when compared to SLE patients, whereas IL-6 and IL-1 β were apparent explicit markers of primary OA, while IL-10 was exclusive for secondary OA.

Abstract AB1379 – Table 1. lists the values obtained from the ROC curves for the cytokine panel and NOx for patients clinically diagnosed with primary and secondary osteoarthritis against normal healthy controls.

	Primary OA				Secondary OA			
	AUC (%)	Cut-off value*	Sensitivity	Specificity	AUC (%)	Cut-off value*	Sensitivity	Specificity
TNF- α	88.3	>10.8	93.33	80.00	97.0	>28.2	100.00	96.67
IL-10	88.6	>32.67	85.71	92.59	93.1	>32.67	90.00	92.59
IL-6	59.3	>3.98	89.66	40.74	81.2	>12.02	66.67	96.15
IL-1 β	85.2	>1.18	96.43	68.42	61.4	>0.88	77.78	57.89
NOx	72.0	>18.89	93.33	60.71	73.0	>18.89	100.00	60.71

*For the cytokines, in pg/ml and for NOx in μ mol/l

Conclusions: This preliminary study suggests that higher levels of inflammatory cytokines are present in secondary OA compared to primary OA. Furthermore, distinct markers for primary and secondary OA were identified, indicative of the potential for developing different therapeutic agents for the different types of OA.

Acknowledgements: The authors acknowledge the University of Colombo, Sri Lanka for funding.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6602

AB1380 PERIPHERAL NEUROPATHY IN INFLAMMATORY JOINT DISEASES

Y. Yehudina¹, O. Syniachenko², T. Bevzenko³. ¹Internal Medicine, Dnepropetrovsk Medical Academy, Dnipro; ²Donetsk Medical University, Lyman; ³Shupyk National Medical academy, Kyiv, Ukraine

Background: For frequent extra-articular (systemic) manifestations of joints inflammatory diseases are various damage of the nervous system,² and the presence and severity of peripheral neuropathy (PNP) have significance in the clinical course, which incidence among these patients is 5%–10%.¹ Nevertheless, many clinical and pathogenic aspects of this peripheral neuropathy (PNP) remain obscure.

Objectives: to evaluate the rate and clinical features of PNP in rheumatoid arthritis (RA), chlamydia urogenital reactive arthritis (ReA), psoriatic arthritis (PA) and ankylosing spondylitis (AS), to examine the issues of pathogenetic constructions such changes of the nervous system, define risk factors.

Methods: The study included 416 patients with inflammatory joint diseases, among them 131 RA patients, 101 ReA, 76 PA and 108 AS. The average age of the examined was respectively 45, 32, 42 and 38 years, disease duration – 10, 4, 12 and 11 years, male to female ratio – 1:5, 1:1, 1:2 and 10:1.

Results: The frequency of the PNP in RA, ReA, PA and AS was 13%, 19%, 24% and 34%, while its severity in patients with PA <ReA < RA < AS, and the same type ratio of motor, sensory and mixed disorders of inflammatory joints diseases, trophic, visceral and vascular vegetative changes, the connexion with the male sex, the activity of arthritis and the presence of tendovaginitis, participation of immune disorders, endothelial dysfunction of blood vessels and changes in physical and chemical rheological viscoelastic properties of blood in the pathogenesis constructions of the nervous system lesions are united around. ReA and PA are different by frequency of hands and feet distal pathology, the AS – by the beginnings of tunnel syndrome. RA tends to impact on the PNP digital arteritis, myositis, eye disease, and Sjogren's syndrome, ReA – on sacroiliitis, PA – on exudative form of cutaneous psoriasis, AS – on eye disease, at that, the risk factors for severe course of neuropathy in RA is considered to involve in the process of elbows, ReA – intervertebral and facet joints, PA – wrist, AS – sacroiliac. Guillain-Barré syndrome develops respectively in 3%, 4%, 5% and 9% of patients with RA, PA, ReA and AS, or in 24%, 17%, 26% and 27% cases of PNP, which is closely linked to the presence of tendovaginitis in all inflammatory diseases and severity of articular syndrome, in RA it depends on the presence of hypothyroidism, in ReA – on nephropathy and violations of the heart's electrical conduction, in AS – on osteoporosis, and seropositive for anti-cyclic citrullinated peptide antibody is a risk factor for such peripheral nervous system disorders.

Conclusions: PNP is a relatively common manifestation of inflammatory diseases of the joints, which correlate with clinical and laboratory signs of the disease, and in the future such active detection of the nervous system pathology will be useful for timely follow-up rehabilitation.

REFERENCE:

- [1] Oomatia A., Fang H., Petri M., Birnbaum J. Peripheral neuropathies in systemic lupus erythematosus: clinical features, disease associations, and immunologic characteristics evaluated over a twenty-five-year study period. *Arthritis Rheumatol* 2014;66(4):1000–1009.
- [2] Sampaio-Barros PD. Epidemiology of spondyloarthritis in Brazil. *Am. J. Med. Sci* 2011;341(4): 287–288.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3736

Education

AB1381 FOUR ANNUAL INTERNATIONAL DIFFERENT MEETINGS OF RHEUMATOLOGY: COMPARATION OF THE CONTENTS, ANALYSIS, CHALLENGE AND OPPORTUNITIES

A.J. Pedro¹, E. Cuevas¹, C. Abud¹, R. Moreno¹, M. Martinez¹, D. Herrera¹, E. Acevedo², H. Lopez², D. Ramos², G. Aguilera Barragan², G. Martinez², T. Luna², E. Santillan². ¹Rheumatology, ²Hospital Central Ignacio Morones Prieto, San Luis Potosí, Mexico

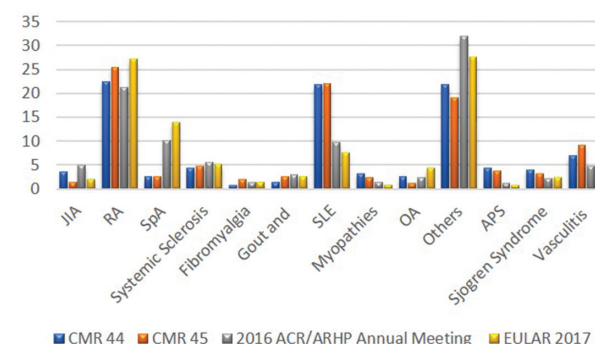
Background: The medical meetings are a tool to help us be able to escalate and actualize the medical knowledge and their quality is a responsibility of Colleges and Institutions.

Objectives: To assess the academic level of four types of different annual Meeting of Rheumatology

Methods: We used as support information the summaries published in the supplements of the journal *Reumatologia Clinica*, SE1 Vol. 12 of February 2016, the supplement SE 1 Vol. 13 of February 2017, the application for electronic media of the ACR/ARHP 2016 of the American Congress of Rheumatology 2016 and the website for abstracts of EULAR 2017 dedicated to the surveys presented in the XLIV Mexican Congress of Rheumatology, XLV Mexican Congress of Rheumatology and the 2016 ACR/ARHP Annual Meeting, and EULAR 2017 respectively, of each survey we was obtained information about of the diverse pathologies, the type of trial, content and population referred (adults versus children).

Results: 275, 340, 3275 and 4129 were presented in the XLIV Mexican Congress of Rheumatology, XLV Mexican Congress of Rheumatology, the 2016 ACR/ARHP Annual Meeting and EULAR 2017 respectively. Rheumatoid arthritis (RA) was the most common pathology with 23%, 26%, 21% and 27% in CMR 44, CMR 45, ACR 2016 and EULAR 2017 respectively, followed by systemic lupus erythematosus, third place was vasculitis, beside in international congress was the spondyloarthritis. Highlighted, RA the items about of clinic manifestations were accounted for almost 30% in the Mexican congress and almost 20% in ACR and EULAR. Observational studies accounted for almost 40% in Mexican congresses vs. 33% in ACR 2016 and 55% in EULAR 2017 beside surveys about of basic research were minimal in Mexican congress, but in ACR 2016 accounted for 21% and 12% in EULAR 2016.

The trials about of Paediatric Rheumatology were 12.3%, 5.5% and 4.9% in CMR 44, CMR 45 and ACR 2016 respectively.



Abstract AB1381 – Figure 1. percentage of rheumatic disease

Conclusions: Rheumatology Meeting constitutes a support to obtain the adequate medical knowledge based in evidence, in this important branch of